K010004

FEB 1 3 2001

Attachment 6

510(k) Summary

Prepared December 29, 2000

TRADE NAME	Unknown
GENERIC NAME	Catheter, Continuous Flush
CLASSIFICATION	Class II (21 CFR 870.1210)
SUBMITTED BY	Micro Therapeutics, Inc. 2 Goodyear Irvine, CA 92618
CONTACT	Eben Gordon Regulatory Affairs (949) 837-3700
PREDICATE DEVICE	MTI FlowRider™ Flow Directed Micro Catheter
DEVICE DESCRIPTION	The MTI Modified FlowRider™ Flow Directed Micro Catheter is a single-lumen end hole catheter designed for the subselective infusion of physician-specified pharmacologic agents or contrast media in tortuous, distal vessels. The catheter has a semi-rigid proximal shaft and a highly flexible distal shaft to facilitate the advancement of the catheter in the anatomy. The proximal end of the catheter incorporates a standard luer adapter to facilitate the attachment of accessories. The catheter has a radiopaque marker at the distal end to facilitate fluoroscopic visualization. The outer surfaces of the catheter are coated to increase lubricity. The stylet accompanying the catheter is used to increase the rigidity of the distal section during introduction into the guiding catheter.
INDICATIONS FOR USE	The MTI Modified FlowRider™ Flow Directed Micro Catheter is intended for the controlled selective infusion of physician-specified pharmacologic agents or contrast media into the distal vasculature of the peripheral and neuro anatomy.
TESTING	Biocompatibility of the MTI Modified FlowRider™ Flow Directed Micro Catheter was verified in accordance with ISO 10993-1, Biological Evaluation of Medical Devices. Test results confirmed biocompatibility of the catheter when tested as an external communicating, blood contact, limited exposure (<24 hrs) device. In-vitro performance testing of the MTI Modified FlowRider™ Flow Directed Micro Catheter included dimensional inspection, tensile strength tests, burst pressure tests, flow rate tests, torque tests and performance under simulated conditions. All testing of the product yielded acceptable results.
SUMMARY OF SUBSTANTIAL EQUIVALENCE	The MTI Modified FlowRider™ Flow Directed Micro Catheter is substantially equivalent to the predicate device in intended use and principles of operation.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 1 3 2001

Mr. Eben Gordon
Director of Regulatory Affairs and Quality Assurance
Micro Therapeutics, Inc.
2 Goodyear
Irvine, CA 92618

Re: K010004
Trade Name: MTI FlowRider™ Flow Directed Micro Catheter
Regulatory Class: II (two)
Product Code: 74 KRA
Dated: January 18, 2001
Received: January 23, 2001

Dear Mr. Gordon:

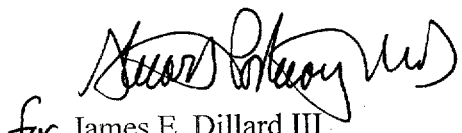
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4586. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,



for James E. Dillard III
Director
Division of Cardiovascular and
Respiratory Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Attachment 2

Indications for Use Statement

510(k) Number (if known): _____

Device Name: **MTI Modified FlowRider ™ Flow Directed Micro Catheter**

Indications for Use: **The MTI Modified FlowRider™ Flow Directed Micro Catheter is intended for the controlled selective infusion of physician-specified pharmacologic agents or contrast media into the distal vasculature of the peripheral and neuro anatomy.**

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

_____ _____ _____ _____ _____ _____

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ **OR** **Over the Counter Use** _____

(Per 21 CFR 801.109)

2/13/1

Division of Cardiovascular & Respiratory Devices
510(k) Number K010004